DOCUMENT RESUME

ED 383 027 CS 508 937

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TITLE A Researched-Based Communication Training Program for Stress Management: A Longitudinal Study of State Employees in a Health Care Organization.
PUB DATE Oct 92
NOTE 25p.; Paper presented at the Annual Meeting of the Speech Communication Association (78th, Chicago, IL, October 29-November 1, 1992). Contains faint and broken type.
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Communication Research; Health Education; Higher Education; *Interpersonal Communication; Longitudinal Studies; *Organizational Communication; Pilot Projects; State Programs; *Stress Management; Stress Variables; *Training Objectives
IDENTIFIERS Communication Behavior; Iowa

ABSTRACT

A statewide effort to identify stressors in state-level social service institutions in Iowa led one state health agency to establish a stress management project. A pilot program singularly focused on communication as the key tool in reducing stress and managing stress. A longitudinal study surveyed agency employees at the Iowa Veteran's Home in Marshalltown and completed a pilot study of the communication training with a key representative group from the agency at large. The training sessions were held in 6-hour segments during May and June of 1989. There were seven of these training sessions for a total of 42 hours of training for members of the pilot group. The results and recommendations suggest the importance of communication (interpersonal, intrapersonal, organizational, multicultural, and public relations) in stress management. The results (pre-post-delayed data from survey and critical indicators) tracked the significant impact of communication training on stress reduction and stress management. (Contains 23 references. Appendixes present a list of the goals and objectives of the project, a stress questionnaire, a breakdown of questions according to categories, a progress report on the project, nine tables of data, and a time table.) (Author/RS)

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A RESEARCHED-BASED COMMUNICATION TRAINING PROGRAM FOR STRESS MANAGEMENT:

A LONGITUDINAL STUDY OF STATE EMPLOYEES IN A HEALTH CARE ORGANIZATION

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1992

CS 508 937

Speech Communication Association
Chicago

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A RESEARCHED-BASED COMMUNICATION TRAINING PROGRAM FOR STRESS MANAGEMENT:

A LONGITUDINAL STUDY OF STATE EMPLOYEES IN A HEALTH CARE ORGANIZATION

ABSTRACT

A statewide effort to identify stressors in state level social service institutions in Iowa led one state health agency to establish a stress/management project. Initially a survey of all employees in the agency established the kind and degree of stressors experienced. A proposal presented to the state government, the Iowa Department of Human Services, resulted in permission for conducting a pilot. While most stress programs emphasize wellness, the uniqueness of this study was its central focus on communication as the key stress management tool. Generally, most efforts in wellness have emphasized exercise, nutrition and related health styles concerns such as drugs, smoking, and alcohol. This project was singularly focused on communication as the key tool in reducing stress and managing stress. As a longitudinal study, this stress/management project surveyed agency employees at the Iowa Veteran's Home in Marshalltown and completed a pilot study of the communication training with a key representative group from the agency at large. The results and recommendations suggest the importance of communication (interpersonal, intrapersonal, organizational, multicultural, public relations) in stress management. The results (pre-post-delayed data from survey and critical indicators) tracked the significant impact of communication training on stress reduction and stress management.

A RESEARCHED-BASED COMMUNICATION TRAINING PROGRAM FOR STRESS MANAGEMENT:

A LONGITUDINAL STUDY OF STATE EMPLOYEES IN A HEALTH CARE ORGANIZATION

Communication scholars have asserted the importance of applying communication strategies to health care organizations (Krep, 1989, 12).

Wellness programs, however, often focus on fitness programs and health (nutrition, losing weight, reduction of smoking, alcohol, and drugs) and programs dealing with stress have not generally emphasized the role of communication in stress reduction. In a review of general types of training, communication skills were provided by 72.1% of the organizations with 100 or more employees and included time management 63.3%, leadership 62.0%, listening skills 52.4%, team building 51.2%, motivation 48.7%, problem solving 48.0%, delegation skills 46.8, public speaking/presentation 45.3%, interpersonal skills 45.1%, goal setting 44.9%, decision making 43.2%, writing skills 41.4%, managing change 40.0%, conducting meetings 38.4%, negotiating skills 35.9 %, creativity 21.6%, ethics 19.7%. and reading skills 19.3%. Wellness training (formally called disease prevention and health promotion) was viewed as a separate category at 45.5% of the companies providing training (Gorden, 1988, 57). Included in wellness was stress management at 54.8%, safety 51.0%, substance abuse 35.0%, and smoking cessation 34.4%.

Some professionals have viewed stress management as techniques such as progressive relaxation, breathing, imagination, autogenics, thought stopping, refuting irrational ideas, coping skills training, assertiveness training, and time management. These approaches fall into the "stress" management training category under wellness but although excluded from the communication area are obviously related to communication. (McCracken, 1988). The following Venn diagram reflects the philosophy of most companies in establishing these categories of communication skills and wellness as mutually exclusive:

PRESENT TRAINING OFFERED

Literature on wellness programs established that "14 percent of occupational disease claims" were caused by stress (Lackey, 1989, 10). Wharton's five-year study of the Live for Life program sponsored by Johnson and Johnson indicated reduced health care costs by 34 percent for employees enrolled in it. Absenteeism was reduced by 18 percent (Strazewski, 1988, 58). Most studies are focused on exercise and nutrition as the key to stress reduction with a typical study of executives noting seven areas that "contribute to your personal health": not smoking, regular exercise, diet, adequate sleep, controlling stress, time for leisure, and limiting alcohol (Rippe, 1989, 52). The role of communication in stress reduction and management was not identified.

Safeway has a local site that commits $5,000. yearly for fitness, <u>including communication</u> courses. "Statistics say it's worth every penny: Lost work days from accidents have been almost eliminated; tardiness and absenteeism has decreased by more than

60%; union grievances are down by 95%; and discrimination cases have virtually disappeared". (Roberts and Harris, 1989, 56). Safeway's program is a rare example of acknowledging the importance of communication such as languaging (unproductive words), humor, the concept of failure, and the aspects of conflict.

METHODOLOGY

The hypothesis tested in this longitudinal study established communication training, both verbal and nonverbal communication, as an important factor in reducing stress. In this study, stress reduction and stress management is achieved through communication training rather than the traditional approaches of disease prevention/health promotion and fitness. Although the latter approaches should be part of a complete wellness program.

Project Description.

Phase One. The initial working committee was a balance of labor and management representatives from the Iowa Veterans Home in Marshalltown. The project had developed from a statewide co-sponsored effort by the AFSCME Labor Union and the Iowa Department of Human Services. This committee contacted each department for input on stressors in the workplace. The response was excellent and ranged across the entire agency. The results served as a basis for designing the main survey instrument.
The initial larger committee composed of 18 labor/management staff worked through most of 1987 in the development of the survey instrument (See Appendix A for Purpose of Stress Project).

The criteria governing the development of the IVH survey tool were basically simple. The questionnaire was confined to no more than 50 questions; the survey was to be standardized for use by all employees of IVH; the questionnaire was to be rooted in the actual need of our people, not something canned from somewhere else; and, the survey was to be useful in revealing the patterns and needs within the various departments and work areas so that a relevant program could be developed for all the IVH employees.

The questionnaire focused on seven primary areas: 1) organizational communication within the department as well as horizontal and vertical communication; 2) the effect of outside of work concerns such as concerns interfering with others and concerts affecting self (time and lack of possibilities); 3) quality of the work environments focused on quiet time and selected work conditions; 4) appreciation included missing or negative declarations and the emotional domain (blame and stereotyping, for example); 5) specific work demands such as time (priority clarification) and training (job qualifications and agreements); 6) policy and administrative approaches covered a number of areas including mutual goalmaking, conflict management, written/unwritten declarations, trust, perceptions, and networking; and 7) stress reduction both preventative and maintenance (ongoing) (See Appendix B for Stress Loadings and Stress Categories).

Phase Two: A special committee in the Iowa Veteran's Home (a long-term health care facility) coordinated the survey on the critical need for an employees stress management program. During 1988 this smaller committee implemented the questionnaire throughout the IVH facility and included the co-chairs, Rita Dostal, Treatment Technician, Dick Schrad, Director of Social Work Service representing management, Jane Croskrey, Registered Nurse, and Gayle Kimm, Speech Pathologist.

In the second phase the questionnaire was administered, the data entered into the computer, and the results compiled. The overwhelming response rate at 85% (629 employees surveyed) indicated the high interest and commitment to this project throughout the entire agency. The project was conducted by

employees donating overtime, both labor and management.

Phase Three: The ultimate goal was to implement a permanent stress program which would meet the needs of the Iowa Veteran's Home (IVH). Through networking, the co-chairs of the Stress/Management Project looked at a variety of approaches to the training. The in-house state Department of Social Services reviewed the workshops available through their division. The final choice was to involvePublic Communication Associates, a communication research-based agency from Indiana. At this point the following stages had been reached: 1) the identification of the stressors through employee input in the development and implementation of a survey, 2) the agreement to utilize communication as the central focus of the training on stress management, and 3) decision to provide independent measures from survey feedback on the affect of communication training on stress management such as personal measurement of health indices, absenteeism and grievance data, and the final recommendations. Both the survey and the independent measures (excluding the final recommendations) were taken as both pre and post measures (immediate and delayed which occurred 7 weeks after the post measurements)

On March 20, 1989 the IVH Stress Committee met with the top state leaders from labor and management to discuss a proposal to bring stress management training to the employees of IVH. The leaders requested a pilot project be conducted to test the effects of the proposed training on a smaller group before a decision was made to fund it on a larger scale. The results of the survey and the pilot project are presented in this study.

In this research presentation, the survey of the employee population at IVH and the effects of the communication training program are reported for the initial pilot group, including pre-post and delayed measures (See Appendix C and D).

PILOT PROJECT

Participants. The IVH Labor/Management Committee selected the Nursing Unit Coordinator as a pilot project group. The group was not large but they were particularly well suited to be a pilot group because they cut across all the units in the facility. They are part of the Nursing Department (the largest department); they are in what are considered to be stressful jobs (Gurd, 1991, 10-14); they interface with almost all the other facility staff, both clinical and non-clinical; and they have within their ranks a full range of personalities and life experiences (Juanillo and Sherer, 1991, 8-17 and Van der Rijt, 1991, 10-15). It was also possible to pull them together as a group on a regular basis to deliver the training. A meeting was set up with them to explain the project and ask their cooperation. The group unanimous supported the training but not without some skepticism. Three members of the Stress/Management Project joined the training bringing the total number to 21 participants.

Training. The training sessions were held in six-hour segments during May and June of 1989. There were seven of these training sessions for a total of forty-two hours of training for the members of the pilot group. The training was led by Dr. Bonita Neff, consultant and President of P. C. A.

This communication based training for stress reduction and stress management was a program that had initial beginnings in research presented to the Organizational Communication Division of the International Communication Association in 1983 and tested in interpersonal classes over a 3 year period at Purdue-Calumet, utilized in a program made available to the employees of a regional newspaper, and included as part of an effort to retrain unemployed steelworkers for a career in restaurant management. The results in these contexts indicated that communication was instrumental in reducing stress.

The pilot group for IVH were involved in two major emphases in communication. First, training was initiated at each session with an intrapersonal orientation. The need to focus on self, self-concept, and the intrapersonal process. Second, the intrapersonal communication served as the basis for interpersonal communication as found in a multicultural organizational context with the participants facilitating both the internal and external communication (public relations).

The interpersonal communication cannot ultimately be separated from intrapersonal communication. However, the training stresses the intrapersonal level to establish 1) a transition from activities prior to the training, 2) to provide time for more relaxing activities, and 3) to introduce the person to different intrapersonal processes (Barker, 1987, 104-125; Pearson, 1983, 10; Crable, 1981, 25-35; Reardon, 1987, 201-204; Fisher, 1987, 2, 93, 283, 325-328)

The training emphasis shifts communication from the descriptive domain which basically clarifies communication to the domain of creativity. The actual training is basically accomplished through an ontological scheme of languaging (Carlos, 1982, 15). The creativity is derived from the authenticity of sourcing communication from one's commitment (Heidegger, 1971, 155-164). This languaging is brought forward within a paradigm which shifts languaging from "the history of one's reality to communication as being languaging" (Neff, 1983, 1-5). Organizational communication is thus languaging for action rather than context as in organizational history of rituals, episodes, or cultures. The training centers around the following key elements in a paradigm focused on languaging: a speaker, a listener, a genuine request, a condition of satisfaction for both speaker and listener, a background of obviousness, and a timeline. Thus, for the communication training,stress is viewed within this domain of languaging as "a reaction to conditions, not the condition itself" (Lackey, 1989, 9-11). Training Sessions. Each of the six-hour, research-based sessions were designed around a specific stress related area identified in the IVH stress questionnaire. As mentioned previously, the communication training concepts, per se, were developed within the theoretical background discussed previously on languaging.

Communication Training for Stress Management

Level One:
Session: Definition of stress management and orientation to IVH data on stress areas
Session: Nonverbal behavior
Session: Intra/interpersonal dynamics

Level Two:
Session: Perception
Session: Trust development
Session: Creativity in job roles

Level Three:
Session: Breakdowns (work overload, nonsupportive colleagues)
Session: Goals
Session: Effectiveness through language

Level Four:
Session: Commitment
Session: Listening
Session: Networking

Level Five:
Session: Interpretation
Session: Conflict
Session: Promises

Level Six:
Two Sessions: Team Building

Assignments were given outside of the sessions to reinforce the concepts introduced and to establish more firmly the communication skills expected to be practiced in daily life. Continuous feedback was given

to the participants on how they showed up in the communication process.

DISCUSSION AND CONCLUSIONS

Summary of Findings

The pilot for the IVH Stress/Management Project successfully reduced stress as evidenced by the survey feedback, by the personal measurement of health indices, by employee absenteeism and grievance data, and by the final recommendations from the participants in the pilot group (See Appendix C). As mentioned the pilot group of Nursing Unit Coordinators (NUC's), was a group which cut across all the units in the IVH facility and are in the largest department of nursing. Included in the group were 3 members of the stress management committee. A total of 21 enrolled in the training with the data results focusing solely on the NUC's responses. The stress management committee members in the training were viewed as positively biased toward the project and would be analyzed separately.

SURVEY. The third administration of the survey for the 7-week delayed feedback (analysis focused on the 17 NUC's for 3 of the 9 categories) established stress was reduced because of the improvement in COMMUNICATION (See Table 1 in Appendix D). Communication within departments considered not adequate by 42% in the first set of data dropped to 22% in the third survey. The NUC's felt they were rarely given opportunities for input into decision making (61 % in the first survey) but after the training this factor had dropped to 41%. Stress from LABOR/MANAGEMENT relationships improved especially in terms of the attitude "we are all in this together" and the dramatic change toward the feeling that the philosophy of resident care was similar for both (increased from 44% to 76%) (Table 8, Appendix D). Most significantly the FAMILY/HOME STRESSES were reduced. In particular the loss of control during a stressful situations went from a high of 56% to a low of 12%. The juggling of demands of home and work as often getting out of control similarly was significantly reduced from 63% to 18%. 14% felt less exhausted coming to work. 14% felt they had fewer major stressors in their family and home life (Table 9, Appendix D).

HEALTH INDICES. Key health indices benefited as a result of reduced stress and included: 1) blood Pressures--a decrease in 11 of our 18 respondents, 2) Pulse Rate--61% reported a reduction, 3. Weight--55% lost pounds for a total of 43-1/2 pounds with one person reporting a needed weight gain, 4) Headaches--88% reported significant reduction, including one person who eliminated regular medication, 5) Relaxation Techniques--100% reporting usage of techniques from 'never' using relaxation techniques, 6) Sleep Problems-66% reported improvement, 7) Stomach Cramps--87% noted improvement, 8) Work Related Injuries--no work related injuries reported (one respondent had indicated one injury per month previous to pilot) 9) Self Identified Stress--noted gain in ability to identify, 10) Staff Conflict--80% noted number of incidents decreased, 11) Productivity in Staff Meetings--66% felt meetings had improved, 12) Anticipate Stress--only five would or did request time off for coping, 13) Medication Reduction--only 3 taking medications regularly (daily) and all 3 able to obtain medication reduction, 15) Chronic Conditions--the few reporting all indicated an improvement in these conditions (See Progress Report--Appendix C).

ABSENTEEISM/GRIEVANCES. The Nursing Unit Coordinators do not have a record of filing grievances. Their personal sick use is low in comparison with the average of the state employees (average of 4 days versus an average of 8 days statewide). The NUC's improved on their low average with a slight

decline in personal sick use after the pilot (See Progress Reports–Appendix C).

RECOMMENDATIONS. After the training, 20 participants confidentially indicated their overwhelming support for continuing the stress management program at IVH. Specifically some stated: "I cannot recommend it highly enough," "everyone needs this no matter what their station in life or job position," "this class was great," "one of the most personally helpful workshops I've ever attended while at IVH," "I believe everyone reaped benefits from these sessions." Notably comments indicated that the stress management training "would help to decrease illness, injury, management problems and help co-workers to be more productive in the job and the community."

The lasting reduced stress from the IVH pilot strongly documents the cost-effectiveness of continuing the project. The IVH data demonstrates improved employee relations or less conflict (a time consuming job for supervisors), increased health benefits with the plus of reduced on-the-job accidents, reduced absenteeism, grievance prevention, and improved labor-management relations, especially in terms of a perception of an increased similarity of philosophy toward the residents for both labor and management.

At this point, the pilot is considered to be very successful in terms of the results and in terms of the personal testimony given to management and labor at special report sessions. The first pilot was completed and a report filed by November, 1989. On March 21, 1990, the committee and the trainer met with Don McKee, President of AFSCME, labor Council 61, who was interested in examining the results of the first pilot and talking to participants in order to evaluate the merits of the project and decide on further Union support. In listening to the comments of the participants of the first pilot, he became convinced of the value of the project despite an admitted initial skepticism. He was impressed enough with the results of the project that he went to talk with Charles Palmer, the state Director of Health and Services, and an agreement was struck between them that a second pilot was in order before the project was to be given approval for wider agency use. At that time, they asked us to develop a second pilot and bring them the results. The first pilot looked at a homogeneous study group. The second pilot will look at a more mixed and heterogeneous group and see if the same kind of results are generated (See Appendix E). If we get similar results, it is felt that an intelligent decision can be made as to determining the future direction of the project and this process.

Presently the financial support for future training groups has been promised by the labor side. However, with the state government deficit, the management support has been held up during the financial crises and restructuring efforts by the state. In fact, the role of IVH has been threatened by the Governor as a plan for selling IVH to commercial interests to relieve state debt was proposed; although quickly denied after a storm of protest. Outside funding is a possibility for continuance of the project. Meanwhile, the cutback in staff is making time release increasingly more complex for the training effort. IVH remains committed, however, as these issues are being worked out.

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Appendix A

IOWA VETERANS HOME
LABOR/MANAGEMENT
STRESS REDUCTION PROJECT

PURPOSE:

The purpose of this project is to channel the combined efforts and resources of all employees at the Iowa Veterans Home in common effort to develop ways and means to more adequately identify and minimize negative stress in our workplace.

GOALS:

1. Identify specific stressors in the workplace and develop problem solving strategies to address them.

2. Maximize employee productivity, satisfaction, and positive interaction.

3. Develop and support wellness programming and positive stress management concepts for employees.

OBJECTIVES:

1. Obtain a representative sample of identified work stressors from across all agency departments.

2. Develop a representative sample of the most commonly identified stressors outside the workplace.

3. Consolidate and categorize samples into a combined tool that can be computorized and administer it across the agency.

4. Make findings known to various departments for planning purposes.

5. Develop follow-up plans for agency and departmental education in stress management/wellness programs for one year.

6. Participate in a "Health Fair" combining elements of stress management and wellness programs.

7. At the end of one year, re-administer initial questionnaire, evaluate results, and determine future course of action.

Appendix B

INTEROFFICE MEMO

Iowa Department of Human Services

Date: December 31, 1987

To/Office: All Iowa Veterans Home Staff

Attention:

From/Office: IVH Labor/Management Stress Reduction Project Committee

Subject: Stress Questionnaire

Stress is a word being used more and more commonly by people to describe what ails them most in modern society. It has been described as the rate of "wear and tear" on your body and psyche.

There are varying areas and degrees of stress. After analyzing the information gathered in these questionnaires, we are planning follow-up programs that will be designed to meet the highest priorities and needs of you and your department. That is why we need you to fill in your department at the end of this questionnaire.

Please rate each of the following questions according to how much of the time the statement is **TRUE** for you. Then, in the comments section, feel free to add statements of explanation, your #1 stressor, etc, --- anything you may want to say about stress and haven't had the chance.

Each questionnaire will be held strictly confidential by this committee so PLEASE, answer as sincerely as you can.

Please answer **every** question and only **one** answer per question. Your cooperation and honesty is appreciated.

THANK YOU for your participation.

NOTE: Co-worker as defined in this questionnaire means all of the people you work with on a daily basis.

Infantry

STRESS FACTOR LOADINGS

		RARELY	50/50	OFTEN
2	1. I feel there is adequate communication with-in my department.	S		
6	2. I feel that my co-workers personal problems interfere with work on a daily basis.			S
5	3. I am physically affected when others smoke nearby.			S
7	4. I feel I am appreciated for being reliable--on the job and on time.	S		
1	5. I feel I have adequate time during my regular working hours to complete my assigned duties.	S		
9	6. I Feel that the juggling of demands of home and work gets out of control.			S
3	7. I feel there should be better clarification regarding my role/job responsibilities.			S
9	8. I feel my living situation meets my needs.	S		
9	9. I feel I lose control more quickly now than before in a stressful situation.			S
8	10. I feel policies/practices require too much documentation.			S
9	11. I feel my efforts/accomplishments are acknowledged positively by others.	S		
1	12. I feel that I must attend too many meetings/workshops.			S
2	13. I feel I am given opportunity for input into decision-making.	S		
4	14. I feel exhausted when I come to work.			S
4	15. I feel issues are dealt with effectively between labor and management.	S		
3	16. I feel there are power struggles that cause conflict between disciplines/departments.			S
8	17. I feel our policy manuals are clear and help me in my job.	S		
2	18. I feel I communicate well on a 1:1 basis with my co-workers.	S		
9	19. I feel expressions of criticism outweigh expressions of appreciation.			S
9	20. I have a planned, regular program of weekly exercise that I adhere to.	S		
6	21. I feel my co-workers respect me as a competent part of the staff.	S		
4	22. I feel the attitude of "we're all in this together" and "each job is important" is an attitude shared by both labor and management.	S		
9	23. I feel I have no power to change anything.			S
5	24. I feel I have adequate and safe supplies to complete my assignment.	S		
5	25. I feel I have adequate input into the development and changing of internal policies.	S		
7	26. I feel standards and expectations are applied equally to me and my co-workers.	S		
9	27. I feel much of my energy goes into coping with my physical health problems.			S
	28. I feel that I perform excessive or useless paperwork.			S
1	29. I feel there is a lack of clear definition of responsibility between my department and other			

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departments.

4 30. I feel existing labor/management relations cause strain. ____ ____ S

6 31. I feel my co-workers/supervisors respect confidentially shared problems. S ____ ____

4 32. I feel paying bills & managing things causes me to worry and lose sleep. ____ ____ S

5 33. I feel that the noise level interferes with my ability to accomplish my work. ____ ____ S

3 34. I feel there is a lack of respect between some disciplines and departments for their judgement and the performance of their duties. ____ ____ S

2 35. I feel communication is adequate up and down the chain of command. S ____ ____

5 36. I feel the policies/procedures we have in place are cumbersome and over-done. ____ ____ S

1 37. I feel I am given too much responsibility for residents. ____ ____ S

4 38. I feel I have major stressors in my family/home situation. ____ ____ S

4 39. I feel existing labor/management philosophies and attitudes about resident care are similar. S ____ ____

5 40. I feel there are many interruptions that interfere with my work. ____ ____ S

6 41. I feel used by co-workers who frequently call in sick. ____ ____ S

5 42. I feel performance standards are applied inconsistantly in evaluations. ____ ____ S

2 43. I feel there is adequate communications between departments. S ____ ____

7 44. I feel my responsibilities have been increased without additional pay or appreciation. ____ ____ S

9 45. I feel I adequately limit my daily intake of sugar, salt, coffee, tea, cola drinks, alcohol and other substances. S ____ ____

1 46. I feel power struggles interfere in effective labor/management relationships. ____ ____ S

3 47. I feel I am expected to do many things that are not in my job description. ____ ____ S

1 48. I feel I am not adequately trained for my job. ____ ____ S

5 49. I feel I have a quiet and clear area in which to take uninterrupted breaks. S ____ ____

6 50. I feel I can voice my opinion without fear or criticism. S ____ ____

PLEASE FILL IN YOUR DEPARTMENT. _____ 22 28

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BREAKDOWN OF QUESTIONS ACCORDING TO CATAGORIES

CATAGORY 1 -- Work overload

. I feel I have adequate time during my regular working hours to complete my assigned duties.
. I feel that I must attend too many meetings/workshops.
. I feel that I perform excessive amounts of useless paperwork.
. I feel I am given too much responsibility for residents.
. I feel I am not adequately trained for my job.

CATAGORY 2 -- Communication

. I feel there is adequate communication within my department.
. I feel I am given opportunity for input into decision making.
. I feel I communicate well on a 1:1 basis with my co-workers.
. I feel communication is adequate up and down the chain of command.
. I feel there is adequate communication between departments.

CATAGORY 3 -- Job ambiguity/Role conflict

. I feel there should be better clarification regarding my role/job responsibilities.
. I feel there are power struggles that cause conflict between disciplines departments.
. I feel there is a lack of clear definition of responsibility between my department and other departments.
. I feel there is a lack of respect between some disciplines and departments for their judgement and the performance of their duties.
. I feel I am expected to do many things that are not in my job descripti

CATAGORY 4 -- Labor/management relations

. I feel issues are dealt with effectively between labor and management.
I feel the attitude of "we're all in this together" and "each job is important" is an attitude fostered by both labor and management.
. I feel existing labor/management relations cause strain.
I feel existing labor/management philosophies and attitudes about resident care are similar.
. I feel power struggles interfere in effective labor/management relationships.

CATAGORY 5 -- Environmental factors

. I feel I am physically affected when others smoke nearby.
. I feel that the noise level interferes with my ability to accomplish my work.
. I feel there are many interruptions that interfere with my work.
. I feel I have adequate and safe supplies to complete my assignment.
. I feel I have access to a quiet and clean area in which to take uninterrupted breaks.

CATAGORY 6 -- Non-supportive colleagues/supervisors

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. I feel used by my co-workers who frequently call in sick.
I feel my co-workers/supervisors respect confidentially shared problems
. I feel that my co-workers personal problems interfere with work on a daily basis.
. I feel I can voice an opinion without fear or criticism.
. I feel my co-workers respect me as a competent part of the staff.

CATAGORY 7 -- Lack of reward for competemcy/good performance

. I feel I am appreciated for being reliable--on the job and on time.
. I feel my efforts/accomplishments are acknowledged positively by others.
. I feel expressions of criticism outweigh expressions of appreciation.
. I feel standards and expectations are applied equally on me and my co-workers.
. I feel my responsibilities have been increased without additional pay or appreciation.

CATAGORY 8 -- Policies/procedures (Includes evaluation and IRCC)

. I feel policies/practices require too much documentation.
. I feel I have adequate input into the development and changing of internal policies.
. I feel performance standards are applied inconsistently in evaluations.
. I feel the policies/procedures we have in place are cumbersome and overdone.
. I feel our policy manuals are clear and help me in my job.

CATAGORY 9 -- Family/home

. I feel exhausted when I come to work
. I have a planned, regular program of weekly exercise that I adhere to.
. I feel I adequately limit my daily intake of sugar, salt, coffee, tea, cola drinks, alcolhol and other substances.
. I feel I have major stressors in my family/home situation.
. I feel I lose control more quickly now than before in a stressful situation.
. I feel paying bills and managing things causes me to worry and lose sleep
. I feel my living situation meets my needs.
I feel that juggling demands of home and work gets out of control.
I find much of my energy goes into coping with my physical health problems.
. I feel I have no power to change anything.

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Appendix C

PROGRESS STATUS REPORT:

In order to obtain some objective as well as subjective ways to measure the responses of the pilot group, we developed a progress status report. The pilot study group was asked to fill out this survey three times: Before sessions obtained in an early session; After sessions obtained at the last class; and Delayed Feedback obtained 7 weeks after the last class. To ensure anomynity, "code names" were selected by each participant and were used by the core committee to track and measure responses. The group was innovative, selecting such names as:

WONDER WOMAN	SHY	LONESOME LOSER
CRYSTAL	WILLOW	ROGER RABBITT
SMILEY	SILVER STREAK	MOM
PENNY	SPUNKY	1-RAINBOW LADY-234
BLUEBIRD	PETE	SWEET PEA
SPARKLE	MINNIE MOUSE	DREAM WEAVER

Catagories screened were:

Blood Pressure	Pulse
Back problems	Weight difference
Sleep problems	Application of Relaxation Tech
Stomach cramps	Work related injury
Self ID of Stress	Migraines
Incidents of Staff conflict	Productivity in Staff meetings
Medication reduction	Change in chronic conditions

Request time off to anticipate need for coping with stress?

A syncosis of results follows:
Of the 18 respondents, 11 persons had a decrease in their BLOOD PRESSURE measurements. The most significant drop was from 134/90 at the beginning of class to 108/86 at the end of class. 7 weeks later it was 120/76. Only 1 person showed a significant increase in B/P (110/70; 110/70; 130/86 and this was qualified by a statement saying she had "drank lots of coffee today").

61% reported a reduction in PULSE RATE. One person dropped from a rate of 78 to 60 beats/minute while another dropped from 104 to a healthy 62 beats/minute.

33% of the class were able to shed a few pounds (WEIGHT) with many of the respondents reporting they were "still losing" at 7 weeks post-class. A total of 43-1/2# were lost by the class. Only 2 persons put pounds on with one of these stating that for her "that is good".

Of those respondents reporting BACK PROBLEMS, 62% reported improvement by having fewer/less intense/or no problems.

Of those respondents reporting past history of severe HEADACHES or MIGRAINES, 88% reported a significant reduction in their frequency and/or severity. One person noted "I am proud to say I was on 4 Firocet a day and now I take NONE for the first time in six years."

100% of the respondents reported changing from "Never" using RELAXATION TECHNIQUES as taught in the class to utilizing them daily. Comments noted were "works great", "use often - it helps". Along with this, respondents noted they were better able to identify and clarify communication blockages which facilitated stress reduction.

Of those identifying SLEEP PROBLEMS, 66% reported improvment (no problems now) with only 3 persons reporting infrequent problems at the last report. Several persons noted they were utilizing the relaxation techniques in the evening prior to sleep.

87% of those persons who identified STOMACH CRAMPS were a health problem noted improvement in this area. "My PMS is better - relaxation helps", "Little to no problems now".

Only 1 person noted they had problems with WORK RELATED INJURIES ("about 1x month") and reported no work related injuries within the rating period.

Respondents gained in ability to SELF IDENTIFY STRESS with comments noted as:
"I identified but didn't acknoledge"- Later: "great";
"Seem to handle stressors better now"
"I don't let things grow on me now"
"Didn't deal well with stress - lose control" - Later: "See things differently so do things better"
"Much calmer - feel manage better - want refresher course"
"Can recognize and deal with now"
"Can back off - able to let go of things"

Of those who identified problems/incidents of STAFF CONFLICT, 80% state the number of incidents have decreased and/or incidents that occured were felt to be handled in a more constructive (less stress producing) way.

66% of the class felt that PRODUCTIVITY IN STAFF MEETINGS had improved. Comments included: "communication is improved", "accomplish more", "more smooth" now.

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Of this class, only 5 persons identified they either did or would now REQUEST TIME OFF TO ANTICIPATE NEED FOR COPING WITH STRESS. Comments received were: "No-don't do", "Would have to be major", "I do-and I feel OK about it - it helps to do things I enjoy so why not if I have vacation time coming".

Only 3 persons reported taking medications regularly (daily) and all three were able to achieve MEDICATION REDUCTION. Most mentioned medication was ASA/Tylenol.

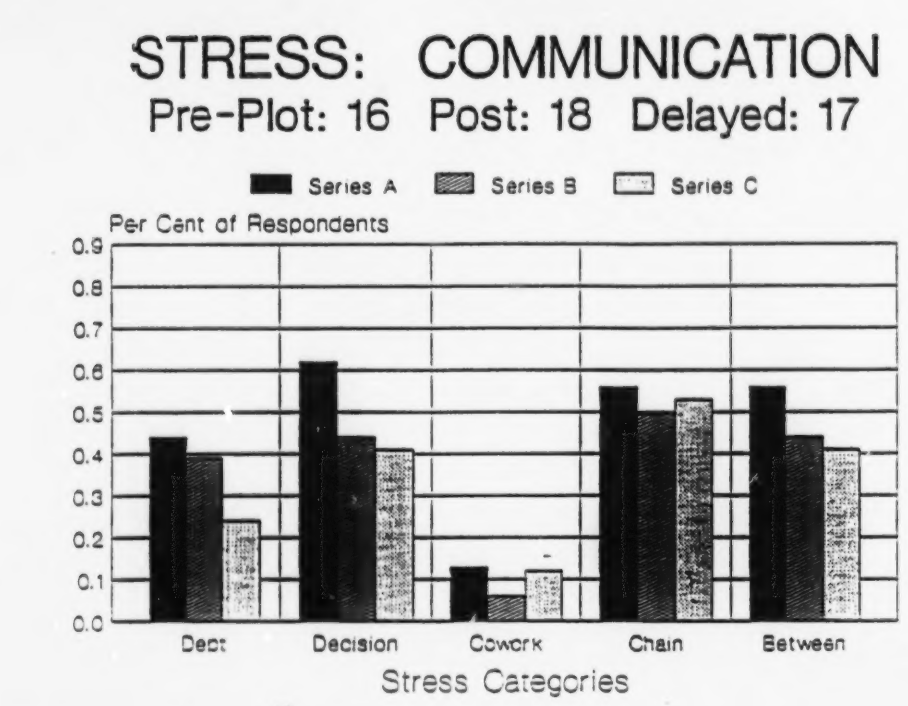
Few of the classmembers reported having CHRONIC CONDITIONS. However, all of those who did reported an inprovement in these conditions. One person noted a laboratory documented improvement in polysythemia (within normal parameters now), and a decrease in cholesterol without diet change.

Without question, the Stress-Management Pilot Project was most successful. This is evidenced by reductions noted in blood pressure, pulse rates, weight, physical complaints such as sleeping problems, and reduction in staff conflicts, etc. as reported by a majority of participants. In addition, the participants learned techniques for the general improvement of their mental health profile. This results in healthier, happier employees who will need fewer sick days, make fewer health insurance claims, and are better prepared to meet the daily demands of stressful occupations.

Wellness programs are well documented throughout industry as effective in reducing insurance costs and improving worker productivity by creating a healthier workforce. Our Stress-Management Pilot Project represents a significant opportunity for the Iowa Veterans Home to improve the overall mental well-being of employees through the teaching of stress reduction techniques. In the long term, this should prove to be a cost effective program for IVH.

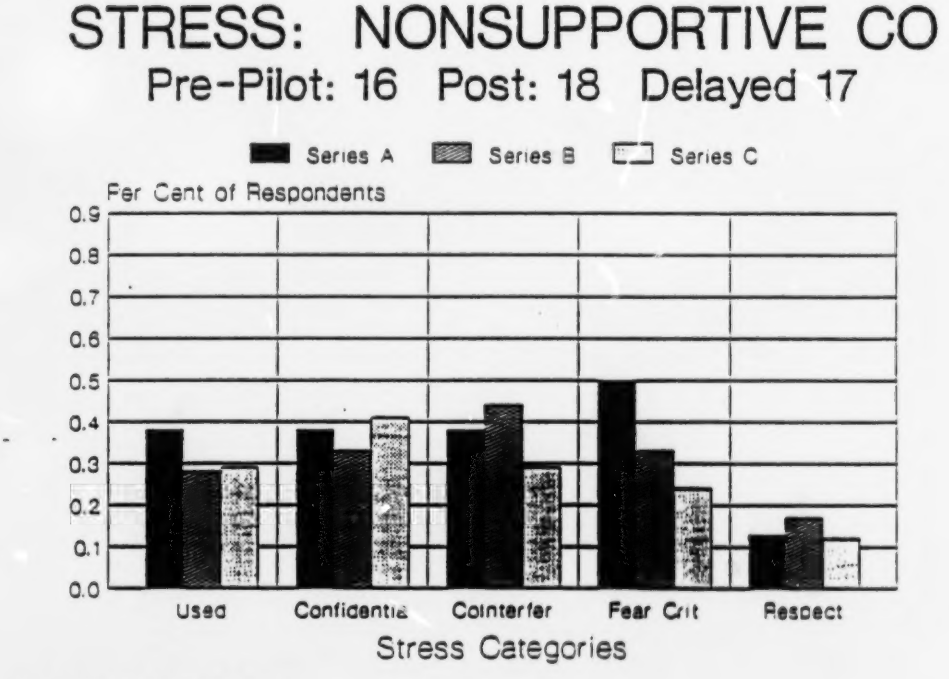
Appendix D

TABLE 1.



IVH Nursing Unit Coordinator's Stress

TABLE 2.

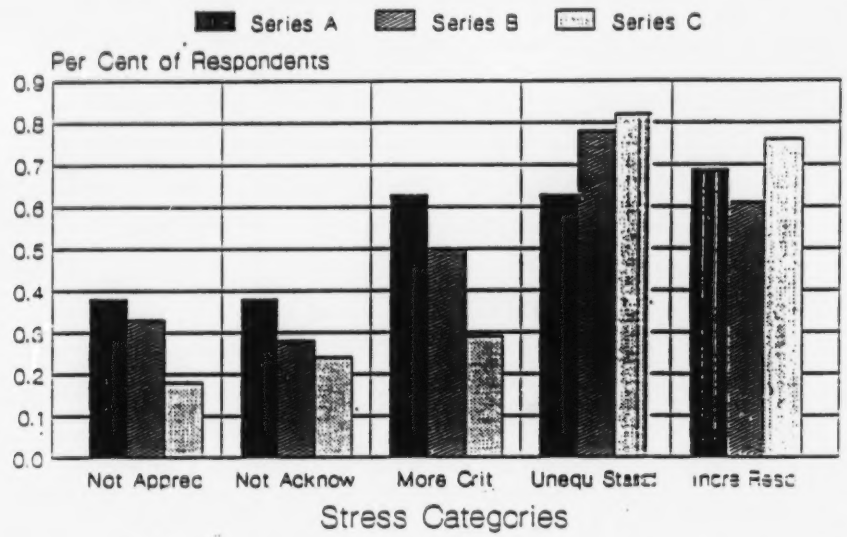


IVH Nursing Unit Coordinators

Table 3

STRESS: LACK OF REWARD F

Pre-Pilot: 16 Post: 18 Delayed: 17

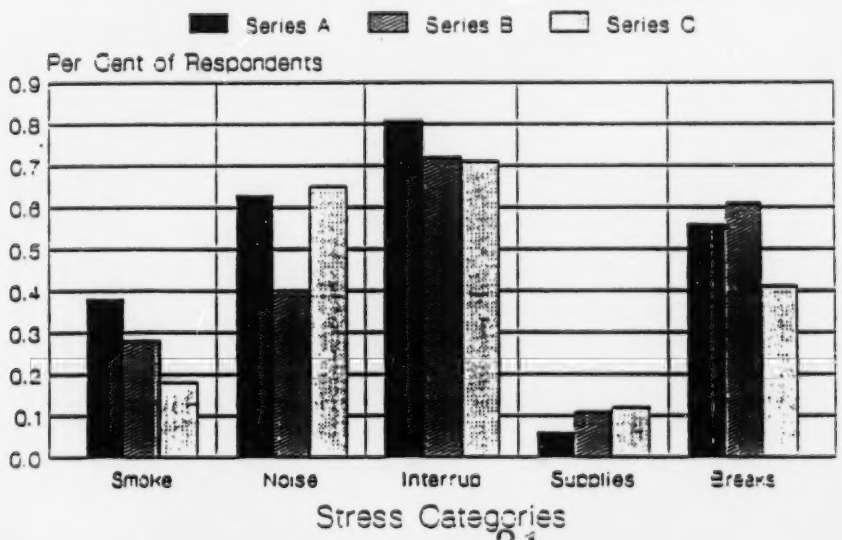


IVH Nursing Unit Coordinator's Stress

Table 4

STRESS: ENVIRONMENTAL FA

Pre-Pilot: 16 Post: 18 Delayed: 17

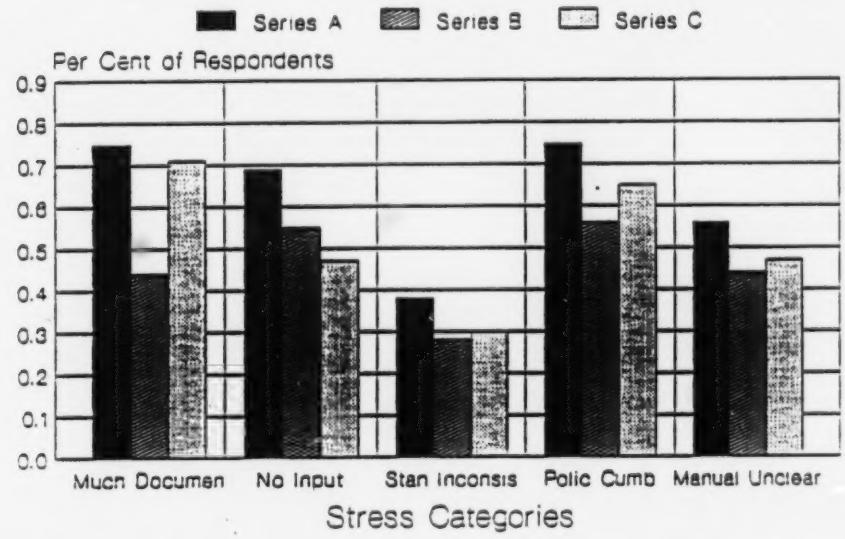


IVH Nursing Unit Coordinator's Stress

Table 5

STRESS: POLICY/PROCEDURE

Pre-Pilot: 16 Post: 18 Delay: 17

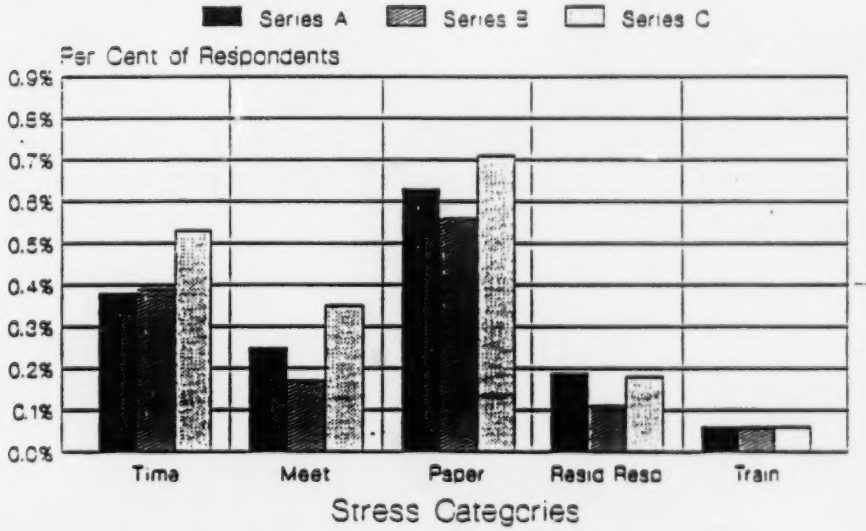


IVH Nursing Unit Coordinators's Stress

Table 6

STRESS: WORK OVERLOAD

Pre-Pilot: 16 Post: 18 Delayed: 17

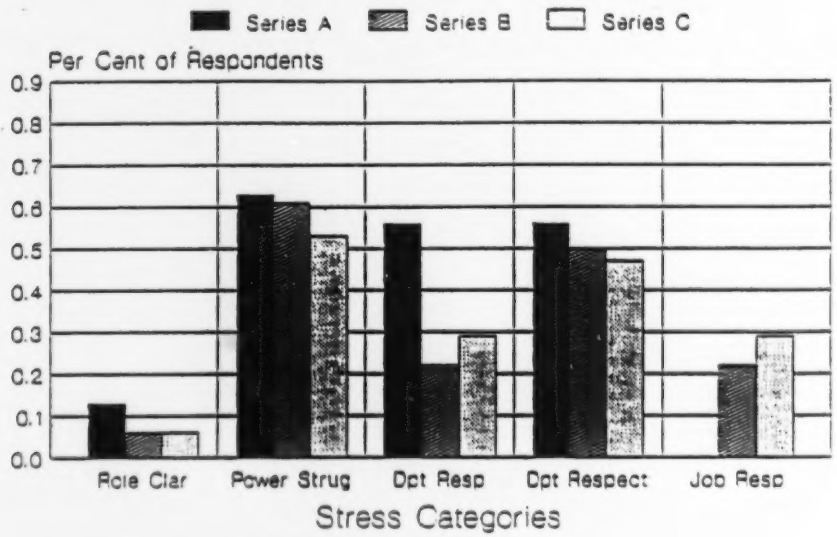


IVH Nursing Unit Coordinator's Pilot

Table 7

STRESS: JOB AMBIGUITY/ROL

Pre-Pilot: 16 Post: 18 Delayed: 17

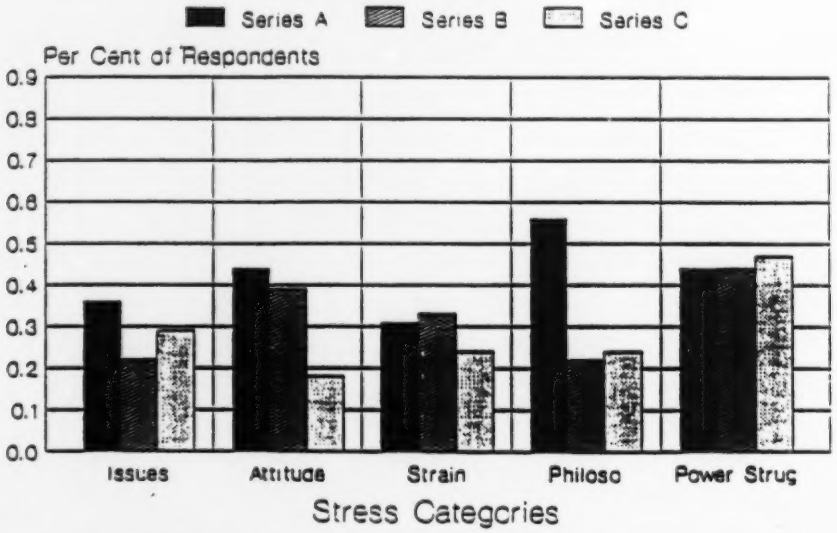


IVH Nursing Unit Coordinator's Stress

Table 8

STRESS: LABOR/MANAGEMEN

Pre-Pilot: 16 Post: 18 Delayed: 17

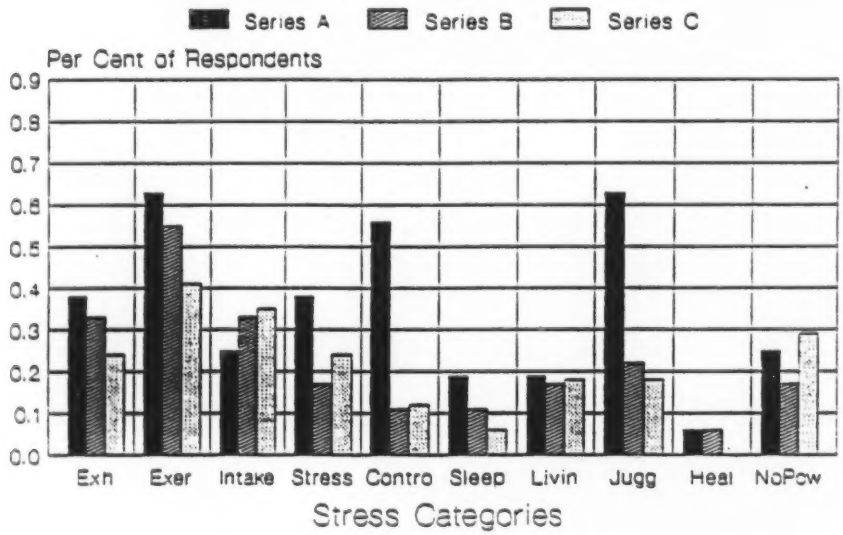


IVH Nursing Unit Coordinator's Pilot

Table 9

STRESS: FAMILY/HOME

Pre-Pilot: 16 Post: 18 Delayed: 17



IVH Nursing Unit Coordinator's Stress

Appendix E

Time Table

Experiment "Day"*	Event
1	Preliminary meeting with both groups. First Administration of Stress Questionnaire Educate subjects in use of, and provide, Personal Data Sheet .
14	Experimental group begins Stress Control Program
35	Control group attends 8 hour Stress Management Group
42	Second Administration of Stress Questionnaire
63	Experimental group finishes training Third administration of Stress Questionnaire
91	Fourth Administration of Stress Questionnaire
151	Both groups finish Personal Data Sheet monitoring Follow-up administration of Stress Questionnaire
240	Data analysis complete Preliminary presentation of results to RRC Meet with both groups for oral/written feedback
300	Manuscript submitted for publication Copies to RRC, union and administration

* Anticipate beginning study March 1, 1991.